

# STARK COUNTY COMMERCIAL PLAN REVIEW APPLICATION

BUILDING INSPECTION DEPT., 3951 Convenience Cir NW Ste 110 CANTON OH 44718  
330-451-1770 FAX: 330-491-8373 [www.starkcountyohio.gov](http://www.starkcountyohio.gov) Office Hours: 8:00am – 4:00pm (M-F)



## PROJECT ADDRESS

**PLEASE INCLUDE ADDRESS DIRECTION (N, S, E, W, ETC), CITY, ZIP**

New addresses for commercial property can be obtained by calling House numbering 330-451-7843.  
Applicant is responsible to verify that the job location is in the jurisdiction of Stark County Building Dept.  
**NO REFUNDS WILL BE ISSUED.**

TOWNSHIP \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>ADJUDICATION NO.</b>	<b>APPLICATION NO.</b>	<b>ORIGINAL SUBMITTAL DATE</b>
RESUBMITTAL DATE 1 <sup>ST</sup> _____ 2 <sup>ND</sup> _____ 3 <sup>RD</sup> _____	<b>APPLYING FOR:</b> ____ BUILDING    ____ ELECTRICAL    ____ MECHANICAL    ____ FIRE ALARM    ____ SPRINKLER ____ HOOD    ____ FS FOR HOOD    ____ REFRIGERATION    ____ WALL SIGN(S)    ____ FREE STANDING SIGN ____ OTHER _____		

**FOR BETTER SERVICE PLEASE FILL OUT COMPLETELY AND PLEASE PRINT OR TYPE**

<b>TO BE COMPLETED IN ITS ENTIRETY BY APPLICANT (AGENT OR OWNER)</b>	
<b>Professional Designer (Author of drawings)</b> Name _____ Address _____ City, State, & Zip _____ Phone (    ) _____ Fax (    ) _____ Email (please provide) _____ Ohio Registered Architect or Engineer No. _____ Other Registered Number _____	<b>Owner's Agent (Contractor-Architect-Engineer-Occupant)</b> Name _____ Responsibility to Owner _____ Address _____ City, State, & Zip _____ Phone (    ) _____ Fax (    ) _____ Email (please provide) _____
<b>Owner of Structure</b> Name _____ Address _____ City, State, & Zip _____ Phone (    ) _____ Fax (    ) _____ <b>TENANT NAME</b> _____ <b>TENANT PHONE</b> _____	
<b>STATE IN DETAIL PROPOSED USE OF THIS BUILDING AND SCOPE OF PROJECT (TENANT NAME, STORE, CHURCH, ETC)</b> _____	
<b>ESTIMATED TOTAL PROJECT COST:</b> \$ _____	
TYPE OF WORK: <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION/RENOVATION <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> OTHER _____	
A. Existing (present) Use Group <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U	
B. New (proposed) Use Group <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U	
C. Mixed Uses and Occupancy <input type="checkbox"/> Non Separated <input type="checkbox"/> Separated Use	
D. Existing (present) Construction Classification <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B	
E. New (proposed) Construction Classification <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B	
F. Existing (present) Floor Area _____ S.F.    Height _____ Ft.    # of Stories _____    Total S.F. _____	
G. New (proposed) Floor Area _____ S.F.    Height _____ Ft.    # of Stories _____    Total S.F. _____	
H. Total Gross Building Area: _____ S.F.    Area of Work: _____ S.F.	
I. Area Limitations <input type="checkbox"/> General Limitation <input type="checkbox"/> Unlimited Area Building	
J. Existing (present) Building Fire Sprinkler System <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Sprinkler System	
K. New (proposed) Building Fire Sprinkler System <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> None    _____ Wet    _____ Dry	
L. Is Structure Located in Flood Plain <input type="checkbox"/> Yes <input type="checkbox"/> No	
M. Give Occupant Load _____ SF Method _____ Actual/Proposed # of Employees _____	
<b>(COMPLETE REVERSE SIDE)</b>	

**APPLICABLE PLAN REVIEW FEE CALCULATIONS**

	APPLIC. FEE	+ SQ. FOOTAGE FEE	=	SUBTOTAL
BUILDING/STRUCTURAL	\$100.00	+ \$2.00/100 SF	=	_____ .00
OCCUPANCY ONLY	\$100.00	+ \$2.00/100 SF	=	_____ .00
ELECTRICAL	\$100.00	+ 2.00/100 SF	=	_____ .00
FIRE ALARM	\$100.00	+ SEE LOW VOLTAGE FEES	=	_____ .00
HVAC/MECHANICAL	\$100.00	+ 2.00/100 SF	=	_____ .00
FS HOOD	\$100.00	+ 2.00/100 SF	=	_____ .00
SPRINKLER SYSTEM	\$100.00	+ 2.00/100 SF	=	_____ .00
HOOD SYSTEM	\$100.00	+ 2.00/100 SF	=	_____ .00
WALL SIGN	\$100.00	+ 2.00/100 SF	=	_____ .00
FREE STANDING SIGN	\$100.00	+ 2.00/100 SF	=	_____ .00

**SUBTOTAL** \$ \_\_\_\_\_

**OBBS ASSESSMENT** 3% OF SUBTOTAL \$ \_\_\_\_\_

**TOTAL FEE** \$ \_\_\_\_\_

\*ROUND SF OF AREA OF WORK TO NEXT 100 SF FOR SF FEE PURPOSES

\*DRAWINGS WILL NOT BE PROCESSED UNTIL FEES HAVE BEEN PAID

\*MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO THE STARK COUNTY BUILDING DEPT.

\*FEES ARE BASED UPON TOTAL SF OF NEW WORK + SF OF ALL RENOVATED AREAS (TOTAL AREA OF WORK)

\*ANY QUESTIONS WITH FEES, PLEASE CONTACT OUR STAFF

**NOTES:** (1) For new buildings and additions, a ZONING PERMIT, REGIONAL PLANNING APPROVAL, OFFICIAL HOUSE NUMBER, AND/OR A SEPTIC OR SEWER APPROVAL, PERMIT OR GUARANTEE must be obtained before a Building Permit can be issued.

All mandatory information is on the submitted construction documents (including TWO (2) sets of construction documents), and is submitted herewith for plan review and approval. For the above referenced project, this letter is to certify that I am the author of the drawings and have prepared the plans and specifications to conform to the requirements of the current Oho Building Code (OBC) and Chapters 3781 and 3791 of the Revised Code. This submittal contains information to be in compliance with OBC 106.

Signature: Professional Designer of Drawings \_\_\_\_\_ Date \_\_\_\_\_

Applicant serving as owners' agent certifies that all pertinent and respective plans are being submitted at time of original application for plan review. Additional work will require new submittal and additional application fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Company \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_